

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5-8902

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	3			1		
5	1			1		
6	1			1		
7	6			1		
8	1			1		
9	1			1		
10	1			1		
11	1			1		
12	9			1		
13	6			1		
14	1			1		
15	1		1			
16	1			1		
17	2			1		
18	6			1		
19	6			1		
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TOTAL IND.			2			
TOTAL DEP.			18			
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						